

NEBRASKA STATE FIRE MARSHAL
FUELS DIVISION – FLST SECTION
246 SOUTH 14th STREET
LINCOLN, NE 68508-1804
(402) 471-9465



STATE USE ONLY
QUALIFIED: _____
CERTIFY #: _____
DATE ISSUED: _____
EXPIRE DATE: _____
TEST SCORE: _____

APPLICATION FOR INDIVIDUAL CERTIFICATION

CATHODIC PROTECTION TESTER

INDIVIDUAL'S NAME: _____

MAILING ADDRESS: _____

CITY / STATE / ZIP: _____

PHONE: _____

SOCIAL SECURITY #: _____

BIRTHDATE: _____

NOTE: IT IS YOUR RESPONSIBILITY TO NOTIFY THIS OFFICE OF ANY CHANGES IN YOUR ADDRESS OR EMPLOYMENT SO THAT YOU CAN RECEIVE INFORMATION THAT OUR OFFICE WILL PERIODICALLY SEND OUT.

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

CITY / STATE / ZIP: _____

PHONE: _____

FAX #: _____

I, _____, HEREBY CERTIFY THAT THE INFORMATION
CONTAINED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT: _____

DATE: _____

NOTARY:
STATE OF _____

COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____, 2006

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

(MORE INFORMATION ON BACK)

APPROXIMATE NUMBER OF UNDERGROUND STORAGE TANK CATHODIC PROTECTION SYSTEMS THAT YOU HAVE TESTED: _____

LIST CERTIFICATION FROM ANY SCHOOLS OR TRAINING SEMINARS/WORKSHOPS YOU HAVE ATTENDED FOR CATHODIC PROTECTION TESTING OF UST SYSTEMS:

NOTE: COPIES OF CERTIFICATION(S) RECEIVED MUST BE ATTACHED TO THIS APPLICATION.

[illegible]